

## RECEIVED

JAN 1-4 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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## MAINE ETHICS COMMISSION 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLATUR INFORMATION	
Name / / /		Office: ☐ House ☐ Senate
Hexunder (orn Mailing address	balana On Union Salanda and Limited	☐ House ☐ Senate  District
1 - 0	Sulcum ME OULL	
City, zip code	des alle al des de la contraction de la contract	Phone
51ty, 2p 66de		even
		207 369 4511
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	OTHER
List the name and address of each employer from economic activity of each employer.	om whom you received compensation of \$1,000 c	r more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
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Security Project	Wusnington DC 20005	Education/
HISMI RESERVES	Republic Orive	US Marine
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Dirigo Photo	15 fage 57	PHUTUGIARTY
	Brunswamt 040+1	
	COME DERIVED FROM SELF-EMPLOYMEN	JT
	r Legislators who are self-employed.)	
associated with a partnership, firm, professional entity.	if any, and list the major areas of economic activit association, or similar business entity, list the ma	y from which you derived income. It jor areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Dirigo Media	t termination of the other hands and the property of the prope	
Address: 15 Page ST Bronswice	WINE Photography	
Name:		
Address:		1.00 A. M.
	<b>}</b>	***

PART 2 (continued). INCOME DERIVED F (For Legislators who are self-e		
B. List each source of income derived from self-employment that represents n greater, and specify the principal type of economic activity of the entity or pedisclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	erson from whom you derived	such income. If this form of
Name and Address of Source	Activ	rincipal Type of Economic ity of Entity or Person Who is he Source of the Income
Name:		
Address:	Sality to the payoff of the pa	
Name:		Adalah 1800 dalam pemenunan diapan penginjahan dalam pendidah pend
Address:	Modellimonaaada	
PART 3. MAJOR AREAS OF (For Legislators who are attorneys	at-law only.)	
List your major areas of practice. If associated with a law firm, list the major are	ŶŢŶĸĸŶŶŶŖĸŶĸĸĸĸĸŶĸŶŖŖŶĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	nego kajangan, kalenda takka tana at seta seta seta katika katika katika katika katika katika seta seta seta s
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	A Comment of the Comm	* Paranumina
Address:		TABLE FOR FOR THE PARTY AND TH
Name:	The state of the s	Amerikan di Simphilah di Perdah di Sebendi dan mendah mendah mendah mendah menggapan penggapan penggapan pengga
Address:	PALESCALE AND	and the state of t
PART 4. OTHER SOURCES	is EM. Edit, Brogspelledik (B. Sastieres et al. 181	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include gifts. If r	none, check the box.
None	er was no value de de la colonia de de la colonia de l La colonia de la colonia d	Kind of Income
Name and Address of Source	(ii)	nvestments, leases, etc.)
Name: Brinswell 5 chool PERAITMENT	Coc	rening
Address: 46 Federal 5 Bunsuna Mil	= 04011 Lu	rehing
Name:		
Address:	The Post of States and The States an	
		44.
PART 5. REPORTABLE LIA	ABILITIES	Alegrafia a mara sa sa sa sa sa sa sa Gwarafa
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yeareas of economic activity of each creditor. Do not list credit card liability or loan	ou received during the reportions from a relative. If none, chec	ng period, and list the major ok the box.
None		
Name and Address of Creditor	Pr	incipal Type of Economic Activity of Creditor
Name:	ma magama matalih ata tata ka matala an ilaka samis isi Jamanasa Immanasa mga ka migigi damanishasa ka ka ka k Inga mga mga mga mga mga mga mga mga mga m	ор от при на на над На при на пр
Address:	жемальноровалий:	
Name:		
Address:	A TATALON CHANGE	

PART 6	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incl none, check the box.	lude gifts with an aggregate v	value of more than \$300 from a sing	le source. If
☑ None		and the conference of the conf	
Name of Source of Gift		Name of Source of Gift	tenta fartina tipografia tententa a valtega para tango
1.	sentimone primiminiministria di dispiritation di mariaminini di mariaminini manana manana manana manana manana 3.	markingan halanga (kang Pang dalakan dan halanga kang kang kang kang kang kang kang	allah delah kelah kelah sebagai sebaga
2.	4.	er version en	- 12-hardest and tall constraint decreases with the adult when
PART 7. RI	EPORTABLE HONORARI	IA	F. OR STREET
List the source of any honoraria accepted for appearances or	speeches related to your legi	islative responsibilities. If none, cher	ck the box.
None			Addition of the second of the
Name of Source of Honoraria	Applies programme grows was warmen on the final state of the state of	Name of Source of Honoraria	
1.	3.		
	in the hand the hand the second of the seco	And the sharehouse the control of the law or primers account to the control of th	eeme? ee
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe	ented or assisted others for c	compensation of any amount. If non	e, check the
None	$sec_{AB} = \frac{1}{2} \left( \frac{1}{2} \left$	PPA 15 19 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ShSYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Name of Agency		Name of Agency	
1.	3.		'कार्यक्र को स्टान्टरक्यां कार्यक्र के क्षेत्रकार के स्टान्टर्स के स्टान्टर्स के स्टान्टर्स के स्टान्टर्स के स स्टान्टर्स के स्टान्टर्स क
	the first the shadow of the state of the sta	Habit And And Control And Andrews Andr	reginerative context resource Is the Port ATV obstate In State III
List each executive branch agency to which you or a memb	NESS WITH STATE AGEN		in excess of
\$1,000 during the reporting period. If none, check the box.  None			randora kannigur (omosija) ilgasjija-ijamoyatry) južanjar
Name of Agency	white we write the wave that the first constant of the constant of the wave of the constant	Name of Agency	Notionalinalistica entitententelles de linales
1.	3.	ร้างเกมาะสามารถการการการการการการการการการการการการการก	<u> 1.1.7.3.3391919191919191919</u>
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2.	4.		
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMN	MEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not income,	d of income represented. If yo	received by your spouse or domestic our spouse or domestic partner received	ic partner or sived \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Incor	ne
Name: None	1.	Spouse or 1.	graph (Aphinia) transcription (
Job Title:	2.	Domestic 2.	
	<b>3.</b>	3.	promptopologico properciona a N.E. Liberta de communicaciona a successiva de Companyo de C
	-	Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
activity and the King of modific.		Dependent Child	

None										,
	Organ aı	ization/Busines nd Address	ng filosopia kolonopia annopii il va anas para angas B	MANALA I I II I		en reconstitui en mane algaligia en escencia.	Position He	ld Family Mem Name		Compen- sated?
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Legislator w	no willfully	fails to file a	required st	atement is	subject t	o a fine o	up to \$100.	(1 M.R.S.A. § 1	017-A)	
The intentional villfully filed a	Il filing of a false state	a false stateme ement, it shall	ent is a Cla refer its fin	ass E crime dings of fac	. If the Cot to the A	Commissi Attorney (	on concludes General. (1 M	that it appears t I.R.S.A. § 1019)	that a Leg	jislator ha
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	Mary			200/01/64						
		Signature						Date		<del></del>
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PART 11. OFFICER OR DIRECTOR POSITIONS